

To comply with the Civil Rights Act of 1964 and the Rehabilitation Act of 1973 (Section 504), the applicant must complete and return this questionnaire. Department staff cannot take action on the application until this questionnaire is returned.

Name of Applying Organization	CTD No.
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Please answer the following questions. Give as much information as possible. **Attach additional sheets, if needed**; please identify each attachment with the name of the applying question.

A. CIVIL RIGHTS ACT OF 1964

1. Submit copies of public release statement and any other materials used to publicize the program’s availability and non-discrimination requirements.
2. a. Estimate by racial/ethnic group the number of recipients that will participate in the program at each facility. If the program consists of several camp sessions, specify the projected number of children by facility and date of session:

FACILITY (Name of school, camp, park site, church, hospital, nursing home, recreational center, child care center, etc.)	AMERICAN INDIAN	ALASKAN NATIVE	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE

- b. Describe how this projection was made (i.e.: based on comparative enrollment in facilities, observation of recipients, recipient’s surnames, etc.):

3. Does the applying organization have specific membership requirements? ☐ Yes ☐ No
- If yes, describe those requirements:

4. What efforts will be made by applying organization to contact minority and grass roots organizations about the opportunity to participate in the program?

5. What other steps will be taken by the applying organization to ensure that minorities have an equal opportunity to participate in the program?

6. Is the applying organization currently receiving financial assistance from agencies other than the United States Department of Agriculture? ☐ Yes ☐ No

If yes, give details:

7. Has any federal agency notified the applying organization of noncompliance with the Civil Rights Act of 1964? ☐ Yes ☐ No

If yes, give details including dates, names, and results:

B. REHABILITATION ACT OF 1973 (SECTION 504)

1. Are there any policies, practices, or architectural barriers that limit or deny persons with disabilities participation or employment in the program? ☐ Yes ☐ No

If yes, explain:

2. Are there any policies or practices that result in different treatment of participants, applicants, or employees with disabilities? ☐ Yes ☐ No

If yes, explain:

3. If the applying organization employs 15 or more people, has the agency designated a coordinator to carry out Sect. 504 requirements? ☐ NA ☐ Yes ☐ No

If yes, give the name of the coordinator and title:

Name of Coordinator	Title

4. If the applying organization employs 15 or more people, has the agency established grievance procedures that incorporate appropriate due process standards? ☐ NA ☐ Yes ☐ No

If "NA" or "No," continue with Item 5 at the top of the next page.

If "Yes," do these procedures provide for the prompt and equitable resolution of complaints that allege an action prohibited by Section 504 of the Rehabilitation Act of 1973? ☐ Yes ☐ No

If "Yes," has the applying organization informed the public of the right to file a complaint and of the filing procedure? ☐ Yes ☐ No

If "Yes," briefly describe how:

5. Has the applying organization taken steps to notify employees, participants, and applicants that the agency does not discriminate against persons with disabilities? ☐ Yes ☐ No

If "Yes," do the people notified include those with impaired vision or hearing and members of unions or professional organizations holding collective bargaining or professional agreements? ☐ Yes ☐ No

If "Yes," describe how notification is made:

6. Do all of the applying organization's forms, publications, and recruitment materials which inform the public of program benefits and employment opportunities contain the assurance that the agency does not discriminate against persons with disabilities? ☐ Yes ☐ No

If "No," indicate steps being taken to comply with this requirement:

7. Does the applying organization have a procedure to ensure that the remedial or corrective action has been or will be taken if noncompliance has occurred? ☐ Yes ☐ No

If "Yes," explain:

Signature – Authorized Official of Applying Organization

Date

Title